

Electronic Filing Instructions for your 2019 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Nicole I Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,855.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2020. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2019 Federal Tax Return Summary	Adjusted Gross Income	\$	60,967.00
	Taxable Income	\$	48,767.00
	Total Tax	\$	6,589.00
	Total Payments/Credits	\$	8,444.00
	Amount to be Refunded	\$	1,855.00
	Effective Tax Rate		10.81%

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Nicole I		Last name Mattiace		Your social security number 065-78-1145	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 186 Locust Street				Apt. no. PVT	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Floral Park NY 11001				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>					

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
• Single or Married filing separately, \$12,200
• Married filing jointly or Qualifying widow(er), \$24,400
• Head of household, \$18,350
• If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	60,967.
2a	Tax-exempt interest	2a		
3a	Qualified dividends	3a		
4a	IRA distributions	4a		
c	Pensions and annuities	4c		
5a	Social security benefits	5a		
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6	
7a	Other income from Schedule 1, line 9		7a	0.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b	60,967.
8a	Adjustments to income from Schedule 1, line 22		8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	60,967.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a	Add lines 9 and 10		11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	48,767.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	6,589.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	6,589.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	6,589.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	6,589.	
17	Federal income tax withheld from Forms W-2 and 1099	17	8,444.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	8,444.	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,855.																				
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,855.																				
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
22	Amount of line 20 you want applied to your 2020 estimated tax	22																					

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Self-Prepared		Phone no.	
Firm's address ▶			Firm's EIN ▶	

Go to www.irs.gov/Form1040 for instructions and the latest information.**BAA**

REV 03/29/20 TTW

Form **1040** (2019)

Tax History Report

► Keep for your records

2019

Name(s) Shown on Return
Nicole I Mattiace

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status	Single	Single	Single	Single	Single
Total income	47,308.	54,307.	49,969.	47,333.	60,967.
Adjustments to income		1,617.			
Adjusted gross income	47,308.	52,690.	49,969.	47,333.	60,967.
Tax expense	2,425.	2,838.	2,534.	2,323.	3,175.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	6,300.	6,300.	6,350.	12,000.	12,200.
Exemption amount . .	4,000.	4,050.	4,050.	0.	0.
QBI deduction					
Taxable income	37,008.	42,340.	39,569.	35,333.	48,767.
Tax	5,093.	6,353.	5,633.	4,049.	6,589.
Alternative min tax . .					
Total credits					
Other taxes					
Payments	7,465.	8,817.	7,689.	5,731.	8,444.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	2,372.	2,464.	2,056.	1,682.	1,855.
Effective tax rate % . .	10.77	12.06	11.27	8.55	10.81
**Tax bracket %	15.0	25.0	25.0	12.0	22.0

**Tax bracket % is based on Taxable income.

2019

Name(s) Shown on Return
Nicole I Mattiace

Social Security Number
065-78-1145

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>04/15/19</u>		<u>04/15/19</u>			<u>04/15/19</u>		
2	<u>06/17/19</u>		<u>06/17/19</u>			<u>06/17/19</u>		
3	<u>09/16/19</u>		<u>09/16/19</u>			<u>09/16/19</u>		
4	<u>01/15/20</u>		<u>01/15/20</u>			<u>01/15/20</u>		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2019					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2019 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				8,444.	3,175.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax.						
19	Total Withholding Lines 10 through 18f				8,444.	3,175.	
20	Total Tax Payments for 2019				8,444.	3,175.	

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2018 extensions				
22	2018 estimated tax paid after 12/31/2018				
23	Balance due paid with 2018 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Nicole I Mattiace

Social Security Number
065-78-1145

2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,323.		39.	
Totals . .			2,323.		39.	

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2018 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	2,323.	39.

2018 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Nicole I Mattiace

065-78-1145

Other Tax and Income Information			2018	2019
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	2,323.	3,175.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	47,333.	60,967.
6	Tax liability for Form 2210 or Form 2210-F	6	4,049.	6,589.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2018	2019
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2019	a		
	b 2018	b		
	c 2017	c		
	d 2016	d		
	e 2015	e		
	f 2014	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2019	a		
	b 2018	b		
	c 2017	c		
	d 2016	d		
	e 2015	e		
	f 2014	f		

Credit Carryovers				2018	2019
18	General business credit			18	
19	Adoption credit from:	a	2019	19 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
		e	2015	e	
		f	2014	f	
20	Mortgage interest credit from:	a	2019	20 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	

Other Carryovers				2018	2019
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2018	0.					0.
b	2017						
c	2016						
d	2015						
e	2014						

27	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	
a	2019						
b	2018						
c	2017						
d	2016						
e	2015						

28 Amount overpaid less earned income credit 1,682.

Qualified Business Income Deduction (Section 199A) carryovers				2018	2019
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	

2018 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Electronic Filing Instructions for your 2019 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



NICOLE I MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$36.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2019 New York Tax Return Summary	Taxable Income	\$	55,152.00
	Total Tax	\$	3,139.00
	Total Payments/Credits	\$	3,175.00
	Amount to be Refunded	\$	36.00

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your Social Security number	
NICOLE		I	MATTIACE		05141990		065781145	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
186 LOCUST STREET					PVT		NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
FLORAL PARK			NY	11001			FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number	
							195	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

A Filing status

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return
(enter spouse's Social Security number above)
- ③ ☐ Married filing separate return
(enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2019 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

- (1) Number of months **you** lived in NYC in 2019
- (2) Number of months **your spouse** lived in NYC in 2019

G Enter your **2-character special condition code(s)** if applicable (see page 15) **H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

201001191555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
065781145

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	60967.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	60967.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	60967.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	2185.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	63152.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	63152.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	55152.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	55152.00

201002191555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
NICOLE I MATTIACE

Your Social Security number
065781145

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	55152.00
39	NYS tax on line 38 amount (see page 22)	39	3139.00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	3139.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	3139.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC taxable income (see instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59	Sales or use tax (see page 27; do not leave line 59 blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	3139.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number

065781145

62 Enter amount from line 61 **62** 3139 .00**Payments and refundable credits** (see pages 28 through 31)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	3175 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments (add lines 63 through 75)	76	3175 .00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 32 through 34)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	36 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	36 .00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	36 .00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) - or - ☒ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 33 for payment options.

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) **79** .00

80 Amount you **owe** (if line 76 is **less than** line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) **81** .00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 34) ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 34) Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
Email:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation MENTAL HEALTH AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (516) 488 7153
Email: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004191555



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Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

065781145

Box b Employer identification number (EIN)

146013200

Box c Employer's information

Employer's name

STATE OF NEW YORK

Employer's address (number and street)

110 STATE STREET

City

ALBANY

State

NY

ZIP code

12207

Country (if not United States)

Box 1 Wages, tips, other compensation

60967.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

9295.00

Code

D D

Box 12b Amount

3319.00

Code

E E

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

2185.00

Description

414HSUB

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

60967.00

Box 17a NYS income tax withheld

3175.00

Other state information:

Box 15b other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001191555



NO HANDWRITTEN ENTRIES ON THIS FORM

Two-Year Comparison

2019

Name as Shown on Return
NICOLE I MATTIACE

Social Security No.
065-78-1145

	2018	2019	Difference	%
Federal Adjusted Gross Income	47,333.	60,967.	13,634.	28.80
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions	1,710.	2,185.	475.	27.78
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions	1,710.	2,185.	475.	27.78
New York Subtractions				
State tax refund				
Government pension exclusion				
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion				
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions				
New York Adjusted Gross Income	49,043.	63,152.	14,109.	28.77
Standard or Itemized Deduction	8,000.	8,000.	0.	0.00
Dependent exemptions				
New York Taxable Income	41,043.	55,152.	14,109.	34.38
New York State tax	2,284.	3,139.	855.	37.43
New York State nonrefundable credits				
Other New York State taxes				
Total New York State taxes	2,284.	3,139.	855.	37.43
New York City taxes				
Yonkers City taxes				
Use tax	0.	0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	2,284.	3,139.	855.	37.43
Withholding	2,323.	3,175.	852.	36.68
Estimated tax payments, extension payment, and amount applied from prior year return				
Refundable credits				
Total payments and refundable credits	2,323.	3,175.	852.	36.68
Underpayment penalty				
Applied to next year's estimated tax				
Refund	39.	36.	-3.	-7.69
Balance Due				